

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Hansmann et al.
Serial No. : 09/752,959 Examiner : Akintola, Olabode
Filed : January 2, 2001 Group Art Unit : 3691
For : METHOD OF PAYMENT BY MEANS OF AN ELECTRONIC
COMMUNICATION DEVICE

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria Virginia 22313-1450

Sir:

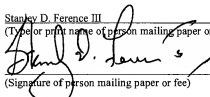
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on May 12, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
					RATE	FEE		RATE	FEE
Total Claims	14	- ** 20	= * 0	x	\$25	=	O	x	\$50 = 0
Ind. Claims	2	- *** 3	= * 0	x	\$105	=	R	x	\$210 = 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$185	=	R	+	\$370 = 0
					<u>TOTAL</u>	= \$ _____	O	<u>TOTAL</u>	= \$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

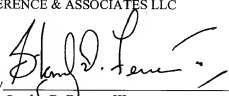
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$0.00 to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By


Stanley D. Ference III
Reg. No. 33,879

Dated: May 12, 2008

Mailing Address:

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